U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

.. FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

We new						
1. File Number U - 8942	2. Fiscal Year Covered From:					
,	1 / 1 / 2004 Through: 12 / 31 / 2004					
3. Name and address of person filing.	4. Name, file number, and address of labor organization.					
Name Ronnie J Storm	Name plumbers AFL-CIO, Local Union No. 16					
•	Labor Organization File Number 019-806					
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any					
Street 4801 F Street	Street 4801 F Street					
City Omaha	City Omaha					
State Nebraska ZIP Code + 4 68117	State Nebraska ZIP Code + 4 68117					
5. Position in labor organization. Vice President						

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
7.a. Nature of Interest, Transaction, or Income.						
Attendance of the annual Mechanical Contractors of Omaha Holiday Dinner Party.						
7.b. Amount.						
\$50						

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information

		Date	Telephone Number				
Signed Ranne A Ston	On	8/2/2005	(402)734-6274				
subtritued in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)							

Name of Person Filing Ronnie Storm **	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name N/A					
Trade Name, if any:	a. Labor Organization b. Trust c. Employer				
P.O. Box, Bidg., Room No., if any					
Street					
City			ļ		
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.			
Name N/A	N/A				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received.				
State ZIP Code + 4	N/A				
	40.1		_		
	12.b. Amount. \$0				
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name N/A	N/A				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code ÷ 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	\$I			